

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: PINES GROUP HOME (410025)
Address: 716 S 24TH ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 03/01/1981
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095564 **End Date:** 09/13/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094495 **End Date:** 03/21/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093524 **End Date:** 09/23/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007036 Served 11/01/2004

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.05(2)(a) | CLASS A AMBULATORY (AA) | 03/21/2005 | Yes |
| 83.19(1)(d) | PHYSICAL OR MENTAL CONDITION | 03/21/2005 | Yes |
| 83.21(4)(l) | CLOTHING AND POSSESSIONS | 03/21/2005 | Yes |
| 83.42(4)(a) | EMERGENCY PLANNING FOR CERTAIN RESIDENT | 03/21/2005 | Yes |

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 10/29/2004 **SOD #**10007036 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.05(2)(a)
FORFEITURE---83.19(1)(d)
FORFEITURE---83.42(4)(a)

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